V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
County Secret	Registration Dist. No.
Village or City hear GER on Length of residence in city or town where deeth occurred yrs, mo	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
500	\sim \sim
(a) Residence: No. Marshalton (Usual place of abode)	St., Ward. New Cartle Co., Del
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("urjee the word) Surgle	21. DATE OF DEATH Cinquist 18 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attanded deceased from
(or) the or	, 19, to , 19
6. DATE OF BIRTH (month, day, end year) heavy 2 1902	I last saw h alivo on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at 5 p.m.
30 3 16 1 day, hrs.	more as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Search Search Source So	Carbon monoride gas prisoning 8/18/32
10. Date deceased lest worked at this occupation (month and syeer) 11. Totel tima (years) spent in this occupation 12. BIRTHPLACE (city or town) hilade Applica fac.	Other Contributory Couses of importance ation former
(State or country)	- Jean Frazer
13. NAME Oliver N. appleby 14. BIRTHPLACE (city or town) New Castle Co. A.	J. Monney
14. BIRTHPLACE (city or town) New Castle Co.	Neme of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Katharine Sheldon	23. If death was dua to extarnel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Katharine Sheldon 16. BIRTHPLACE (city or town) New Castle Co. (State or country)	Accident, suicide, or homicide? accument Data of injury 8/18, 1933
(State or County)	Whera did injury occur? Sme. From 6686 (specify city or town, county and State)
17. INFORMANT Steven IV. applely	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Marshall Han, 18. BURIAL, CREMATION, OR BEMOVAL	in field on farm of Can Reynolds.
Piece Christiana Dy Date an 4 12, 1932	Mather of Injury frighted dead of veneath and
19. UNDERTAKER AP, Some	24. Was disease or injury In any way related to occupation of deceased?
20. FILED LANGE 19 1912 - Dans Bayo	(Signed) Date (M. D.
Registrar.	(Address) Edition In June
1) more viantes are necutu, agaress State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	· July 5, 1927	Perilonitis	S days ago
	700T	BURE	
Other centributory causes of importance:	9601 (4)	Offer contributory causes of importance:	
Gallstones	O May 1, 1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08713
1. PLACE OF DEATH	(210 7m)
County Cecil	Registration Dist. No. 92
Village or City Ellton	No. Umon Hospital St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, girf its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thousand Sur lover	
(a) Residence: No. 1/3 W. Main St.	latower led.
(Usual place of abode)	/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 10 10 10 10 10	my 10, 1932 to Clay 14, 1932
6. DATE OF BIRTH (month, day, and year) fand to 1000	last saw alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trada, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Jalvier	Meeling Still Grant
9. Judistry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
0 1	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country) (State or country)	The state of the s
13. NAME William Barldur	
14. BIRTHPLACE (city or town)	Nama of operation Date of Date of
(State of country) successions of may.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangaret Walau 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) In Oom and Commission (III)	Accident, suicida, or homicide? Utulan Data of injury 1230, 19 32
Mindaged Year Jule 112	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAN 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury struct by automobile
Place Ellston Remalay Date aug 17 , 1932	Nature of injury function of Shrull
19. UNDERTAKER & W Piffing (Address)	24. Was disease or injury in any way related to occupation of daceased?
20. FILED GUOT 17 1932 & Brauer Franças	(Signed) Willel while in D. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 91 Ward) (If death occurred im a hospital or institu-tion, give its NAME instend of street and number.) 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE BHINGLE. 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED CR DIVORCED (Month) Write the word) may pino I HEREBY CERTIFY, That I attended the deceased from S DATE OF BIRTH instructions (Month) and that death occured on the date stated above, at 10.80 III LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or/ particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Address) Dusa 11 BIRTHPLACE *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. RENTS OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 BIRTHPLACE In the At place OF MOTHER of death...... yrs........mos......ds. (State or country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence... (Informant DATE OF BURIAL PLACE OF BURHAL OR REMOVAL (Address) 20 UNDERTAKER Filed If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

SERV

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : (c) nature of the business or inducty, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Lanager," 'Deal-Spinner, (b) Collon sary to know (a) Physician, the first line will be sufficient, . g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile feetory. The muterial engineer, Suttonary fromon, et. But in many especially in industrial employments, it is neces-For many occupations a single word or term on or Al yrs). Farm laborer, without more precise specification as Day who are engaged in the duties of the Home, and children, For persons who have no occupation the kind of work and also (b) the mill; (a) Salesman. Laborer--Coal mine, etc. not gainfully Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same acceptage of the time and causation). The same acceptage and the time acceptage of the time acceptage and the time acceptage acceptage

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom atic), "Atrophy." "Collapse," "Coma," "Convulsions, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was undercan be assertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PJERPERAL peritonitis," etc. causing death), 23 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not Chronic interstitial Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-uch as "Asthenia," "Anaemia" (merely symptom-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature nephrilis, Chronic Example: Measles (disease valvular heart disease; etc. The contributory Meastes;

All It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. Althoroughly discussed and must be obtained before the certificate is permanently filed.

EAU

should stat	Village or City & Olater Standardial	ND. Much As St. W.
		death occurred in a hospital or institution, give it NAME instead of street and number)
PHYSICIANS Exact statement	Length of residence in city of tomprine desired	De la
ICI.	2. FULL NAME	St., Ward.
rYS	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year
EXACTI ly classified. ate.	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. PHEREBY CERTIFY. That Vattandad deceased
C N	6. DATE OF BIRTH (month, day, end year) Que 2 4 198 2 7. AGE Years Months Days If LESS than	I last saw h aiwson ; daath li to heva occurred on the data stated above, at /// m.
stated E properly certificate	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ordises of Importence wara as follows:
d be s y be p k of ce	8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	200101
should it may n back	Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	aest alion
sh it is	D. Date daceasad last worked at this occupetion (month and spent in this	
[A1] Am	yaar) occupation	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) Chicago (State or country)	
efully supplied in plain terms, ant. See instru	13. NAME Goston Brown	
suppoint tel	13. NAME Morton Brown 14. BIRTHPLACE (city or town) Conouring O (State or country)	Nama of operation Date of
70	(State of County)	What tast confirmad diagnosis? Wes there an autopsy?_
carefully TH in pla ortant.	15. MAIDEN NAME Berthe Lones 16. BIRTHPLACE (city or town) Confuency (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	O 16. BIRTHPLACE (city or town)	Where did injury occur?
should be car OF DEATH s very import	17. INFORMANT disorter Brown (Address) Conowiego Md	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
03 20	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
mation s CAUSE TION is	Place from Man Dete May 5 4, 19 B. 4	Neture of injury
CA	19. UNDERTAKER (Address) Rissing Sun. Md	24. Was disease or injury in any way related to occupation of daceased?
å		(Signed) (Signed)
ż	20 FIJED Registrar.	(Addrass) Menn 9 Juna M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	170	Example II	
The principal cause of desof importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	QEP 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V.	July 5, 1927	Peritonitis	3 doys ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year

V. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Remains should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0,8716
1. PLACE OF DEATH	920
County Lelly.	Registration Dist. No. 76
Village or City Mount	NoSt.,Ward
(If Length of residence in city or town where death occurred 4 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Margaret 15, C	austilell.
(a) Residence: No. Albury, Clark Co	Ot Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 2, 193 2 - (Month) (Day)
6a. If married, widowed of divorced HUSBAND OF Orneling Cambbell	22. 1 HEREBY CERTIFY, Thet Lettended deceased from 132. Puly 30 to 32.
6. DATE OF BIRTH (month, day, end year fold 9/862	(List sew her aliva on Judy 30 1932; deeth is seld
7. AGE Yeers Months Days if LESS then	to heve occurred on the date steted above, et 4.5 m.
69 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Chunic Muss Madites 1928
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased lest worked at this occupation (month and this compation (month and this compation (month and this scenario in this compation).	Phronic Budionita 1928
11. Total time (years) spent in this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Scale (State or country)	Other Contributory Causes of Importance:
13. NAME A, Mark	
13. NAME 1	Name of operation Date of What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME COME & Roberto	23. if deeth was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Cohesto 16. BIRTHPLACE (city or town) Cole Cohesto (State or country)	Accident, suicide, or homicide?
17. INFORMANT A Chaffer Month (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Market Cliff Date 1119 7 , 1974	Neture of injury
19. UNDERTAKER LIGHT CANADA CONTROL (Address) Landa Canada	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED aug 3, 132/L. F. Janders. Registrar.	(Signed) (Address) TWITE MAD IT WED
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	1. 7.
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Cecif	Registration Dist. No. 91
Village or City Chesapeake City	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrs
71. H 21 Cf	W TOW YORK IN CO. O. I. O. FOREIGN ONLY
2. FULL NAME CLUCE V, A. CLAY	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Formula 4. COLOR OR RACE OR DIVORCED (variet the word) Single	21. DATE OF DEATH lugart 4 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY That I etten ded deceased from
(or) WIFE of	Thy 2 8 1932 ang 4 1982
6. DATE OF BIRTH (month, day, and year) Mcl 7 /851	Ust saw h w alive on aug 4 19 3 Totath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at// PM!
8 / 4 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at Howel SAWYER, BOOKKEEPER, etc.	
Industry or business in which	(Maco Vaccular
work was done, as SILK MILL, SAW MILL, BANK, etc.	Med alrease 1920
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
Cheral H. Cit.	Other Cantributary Causes of importance;
12. BIRTHPLACE (city or town) (Stete or country) Maryland	My ocarditis 7-28-22
13. NAME John Clastk	
14. BIRTHPLAGE (city or town) Leonard town	Name of operation None Dete of
(State of County)	What test confirmed diagnosis? Church Was there an autopsy? 4-1)
15. MAIDEN NAME / Harriet Kolinary	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cherapease City	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mary Carry	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles & Collect City het	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place / Sethel Caruly Dete 7 / , 1932	Nature of injury
19. UNDERTAKER TELEVISION STA	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/7 1932 B. Haward Brawn Registrar.	(Signed) Mercy Called Cety Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
La Paris			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	8200
County Ce Cut	Registration Dist. No.
Village or City Leftlow 1800 2	- No. St., W If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME many Cresy	re 00
	Ca Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. S. SEX 4. COLOR OR RACE OR DIVORCED (write the Word) Terride 4. COLOR OR RACE OR DIVORCED (write the Word)	21. DATE OF DEATH (Month) (Day) (Year (Year
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased Ocean 12 1932 to Ocean 12 193
S. DATE OF BIRTH (month, day, and year) Qer 8 1875	I last saw New alive on Crugo 11 , 1932; death is
. AGE Years Months Days If LESS than	to have occurred on the date stated above at 2m.
5 7 56 10 4 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular hind of work done as SPINNER 24	Cerebral hemonlage 8-11
kind of work done, as SPINNER, tousewife	
9. Udustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oata deceasad last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
12, BIRTHPLACE (city or town) Bayview	Other Contributory Causes of Importance:
(State or country) Zupryloud	
13. NAME Nothsau Tyron	
13. NAME Wathrau Tyror	Name al operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? S
15. MAIDEN NAME Ly uformation 16. BIRTHPLACE (city or town) In important to the second to the secon	23. Il death was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country) no ulformation	Where did Injury occur?(Specify city or town, county and State)
7. INFORMANT Charles Cleavel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Lexton Def RO	
8. BURIAL, CREMATION, OR REMOVAL Place 7 tants Cerully Date Cury 14, 193:	Manner ol injury
2111	
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Electora and	If so, specify A Manager
20. FILEDULY 19, 190 1 January Registrar.	(Signed) (Address) Elkton Mel
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		- ¥£	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-0
County C ecil	Registration Dist. No.
Village or City of with E-ast	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME Castain & dward	E. Curry
(a) Residence: Np.	St. Wate.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 210 21
male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or (or) WifE of A	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of of loven mc namel	June 2 4 1932 10 any 24, 193
5. DATE OF BIRTH (month, day, end year) Dec. 23 1861	I last law h. A alive on Q 26 19.3 2 death is se
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 1 1 1 2 2 2.m.
70 8 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	were as follows: Date of onse
kind of work done, es SPINNER, Caplain	Churina Celvies
9 Industry or business in which work was done, as SILK MILL.	X
SAW MILL, BANK, etc.	V
10. Date deceased last worked et this occupation (month and spart in this occupation corupation occupation	
TOUT QQ	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) G State or country)	Municipallis
	- Non-Community
T.	
(State or country)	Name of operation
	What test confirmed diegnosis?
. , , , , , , , , , , , , , , , , , , ,	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did Injury occur?
20 - 1 1: 21 - 0.01	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT TIME Sydia Uncheller	Specify mission injury securities in introduction, in month, or in robert PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wood Collingswood Date Oug 3/, 1932	Neture of injury
O stable of the stable	24. Wes disease or injury in eny way related to occupation of deceesed?
19. UNDERTAKER CADDENS WAS ANTITOTO WAS ANTITOTO OF THE PART OF TH	If so, specify
0 787 15 10000	(Signed) Circle Luchuello M.
20. FILED 8, 19 Q Z NO. W. W. Registrar.	(Address) well and had.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1 2		
	Other contributory causes of importance:	145 7
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

OCCUPA. plnods W statement PHYSICIAN RECORD. NENT PERMA certificate. back may plnods instructions supplied. plain carefully important. plnods OF TION

BINDIN

FOR

RESERVED

1. PLACE OF DEATH County Cecil 2. FULL NAME DOWGIALOWICZ, Joseph C-1 061 175 #1 Yonkers Ave., Yonkers, W.Y. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male white Married 5a. If marriad, widowed, or divorced HUSBAND of Anna Dowgialowicz. (or) WIFE of March 18, 1887 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs 1 day.____hrs. 45 5 12 or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, OCCUPATION Photographer. SAWYER, BOOKKEEPER, etc 9_Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this yaar) --- Juna --- 1928 occupation ... New York, N. Y. 12. BIRTHPLACE (city or town). (State or country) FATHER Frank Dowgialowicz. 13. NAME 14. BIRTHPLACE (city or town) Poland (Stata or country) MOTHER 15. MAIDEN NAME Stella Barnoff 16. BIRTHPLACE (city or town) ... (Stata or country) Hospital Records. 17. INFORMANT. Perry Point. Md. (Address) 18. DURTAL, GREMATION, OR REMOVAL Place Yonkers. N. Y. Date Aug. 31 1932. 19. UNDERTAKER (Address)

Registration Dist. No. Village or City Veterans Administration Hospital, Perry Point, Md. St.,
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. 3 yrs. 6 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY. That I attended decaased from February 27 19 29 to August 30 19 32 I last saw h im alive on August 30 19.32 death is said to have occurred on the date stated abova, at 5: 46Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Tuberculosis, Pulmonary, chronic advanced. active Unknown Other Contributory Causes of Importance: Dementia Praecox, Hebenhrenic Type About 1928. Name of operation None What test confirmed diagnosis? Clinical and Was there an autopsy? No 23. If death was due to extern Quest (PELENCE) fill in also the following: Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. No injury Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) ROGER (Address) Perry Point .. Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The same of the same	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hrifis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLLUVE	July 5,1927	Peritonitis	3 days ago
	en			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

and the second s	

, v	V. S. No. 1	MARGIN RESERVED FO	F	_
ż	BWRITE PLAINLY,	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS	SIS	7.0
(mation should be car	mation should be carefully supplied. AGE should he sta	St	60
T	CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be pro	pr	~

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		131	/
County County	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	>
Village or City (Jerryn	lle	No. St.,	War
Length of residence in city or toyp where de		f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Mac	ede Elliot	T	
(a) Residence: No.		St Ward.	
	(Usual place of abode)	If nonresident give city or town ar	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Female Hite	5. SINGLE, MARRIED, WIDOWED, WILL WORKED (write the work)	21. DATE OF DEATH elegant 18	, 193 7- (Year)
5a. If married, widowed ar divorced HUSBAND of (or) WIFE of Clement A	Elleott	227 I HEBEBY CERTIFY. That I attended	d deceased fr
B. DATE OF BIRTH (month, day, and year)	ne 11.1875	/ last saw her alive on cleegest 18, 193	; death is s
7. AGE Years Month	Days If LESS than	to have occurred on the date stated above, at 2 2 m.	
57 2	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	74.24.	Chronice Intentitial	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Louie	Nephritis	142
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Bly	thedale	Other Contributory Causes of importance:	
(State or country)	ud	Teneral athenomata	192
13. NAME Nobert 14. Ja	releson		/
13. NAME Pobert 74.	thedale	Name of operation Date of _	
(0.000.000.000.000.000.000.000.000.000.	ma	What test confirmed diagnosis?	autopsy? Z
15. MAIDEN NAME Margares	Mª Mullen	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town) Bly (State or country)	tudale,	Accident, suicide, or homicide? Date of injury	, 19
(State or country) 17. INFORMANT Element	4. Ellistt	Where did injury occur?	ate) LACE.
(Address) Gerryall	e med		
8. BURIAL, CREMATION, OR REMOVAL	1/1/02/ 32	Manner of injury	
Place Assay Company	Date 19	Nature of injury	
19. UNDERTAKER IL SAMON (Address), Pennya	Mison /	24. Was disease or injury in any way related to occupation of deceased? If so, specify	W
20. FILED 8/19 , 1932 L.	To Jandens	(Signed) It Magraw.	MM

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 z

STATE OF	MARYLANI)—CERTIFICA	TE C	F DE	ATH
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1. PLACE OF DEATH	<u> </u>
County	Registration Dist. No.
Village or City COPTA CORS	TNo. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town, where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME COL JOTN	gray.
(a) Residence: No.	St., Vard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. ST. 4. COLOR OR RACE OR DIVORCED (write the word).	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (leg-18-1932	I last saw h & v a month of the country 18, 193 V death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.002 m.
tell 9 ort 7 com.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	At 10 Buch
SAWYER, BOOKKEEPER, etc.	
work was done, as STLK MILL, SAW MILL, BANK, atc.	
Kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 110. Date deceased last worked at this occupation (month and year) 111. Total time (years) spent in this	
Maril Part	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
I 13. NAME grovel 9. groy.	
14. BIRTHPLATE (city or town) Ceare Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Suth K Groy (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate	Nature of Injury
Joseph Pelinis	24. Was disease or Injury in any way related to pocupation of deceased?
19. UNDERTAKER OF THE TABLE OF	If so, specify
8=19-37	(Signed) Strucon M.D.
20. FILED	(Address) FORT Nebout 1418

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF E	Cecil		Registration Dist. No.
County	D	100	
Village or City_	near len	y ville_	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence 2. FULL NAME (a) Residence:	121	/ /	ds. How long in U.S. if of foreign birth?yrsmos
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1.	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH August 14 .193
5a. If married, widowed, o	c divorced		
HUSBAND of (or) WIFE of	mary /	V. Harres	22. HEREBY CERTIFY, That I attended decease
A DAWN OF BIRTH	1	July 12, 1903	, 19 , to, 1 I last saw h, alive on, 19 , to, 19 , deat
7. AGE Years	(In, day, and year) • Montos	Days If LESS than	to have occurred on the date stated above, at 7,30 p. m.
7.9	/	2 1 day,hi	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession	or particular	ormin.	Were as follows: Pate
kind of work	done, as SPINNER, OKKEEPER, etc	Farmer	in cheese
3. Industry or busin	ness in which	1	/-
work was dor SAW MILL, B	ne, as SILK MILL, ANK, etc.	arm	
O 10. Date deceesed la	st worked at	11. Total time (yeers) spent in this	
year)	rug.	occupation /	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or	town) I farfo	and Co	
(State or country)	61	md.	
13. NAME Te	o. Cd. 1	Harris	
13. NAME 14. BIRTHPLACE (cit	y or town)	nd	Name of operation Date of
(State of con	ntry)	770 11	What test confirmed diagnosis?
15. MAIDEN NAME	Maria	M. Harris	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit	y or town)	Harfordlo.	Accident, suicide, or homicide? homicide Date of injury 8/14.
∑ (State or cou	ntry)	·ma.	Where did injury occur? hear- arking toecil toocis
17. INFORMANT	Irs. Ma	ria M. Harris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5	3 3. M. O.L.	no St.	as home of Helen allen Harris
18. BURIAL, CREMATION	OR REMOVAL	2 0 17 5	Menner of injury homicide
Place	rneek a	Moate ung / , 199	Nature of Injury Kuife wound in cheas
19. UNDERTAKER (Address)	Made	non Mitchell	24. Was disease or Injury in any way related to occupation of deceased?
1		7	(Signed) J. Modrier Frazer Coar

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	Example I	-	Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	CEP 5 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFAU V. S.	July 5, 1927	Peritonitis	3 days ago
	1			
Other contributory ea	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
1				

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No.	
iv	
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Length of residence in city or fown where death occurred	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	68724
Village or City. Collicion (Bid cash occurred in a hospital or institution, give its NAME intered of attent and number?) Length of sesidence in city or town where death occurred	1. PLACE OF DEATH.			<u> </u>	
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Homewident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (grafe he word) 5. III married, widowed, or divorced HUSARIO of (97) WHE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular Sind of work dome, as SPINNER, SAME, BOOKSEEPE, etc. SPINNER, BOOKSEEPE, BOOKSEEPE, Etc. SPINNER, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKS	County Cecel		W 17 . 11 0	Registration Dist. No.	92
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Homewident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (grafe he word) 5. III married, widowed, or divorced HUSARIO of (97) WHE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular Sind of work dome, as SPINNER, SAME, BOOKSEEPE, etc. SPINNER, BOOKSEEPE, BOOKSEEPE, Etc. SPINNER, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKSEEPE, BOOKS	Village or City Collect	no m	d.		
(a) Residence: No. (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BINORESI (prighths word) 5. Ill married, widowed, or divorced (or) Wife of the state of abode, or divorced (or) Wife of the state of abode, or divorced (or) Wife of the state of abode, or divorced (or) Wife of the state of abode, at Z. 45 Q. m. 7. AGE Years 8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 9. DATE OF BIRTH (month, day, and year) 19. Under Action (month and year) 19. DATE OF BIRTH (month, day, and year) 19. Under Action (month and year) 19. Und					
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, SOOKKEPER, etc. 1. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 1. Date deceased last worked at this occupation (Sita or country) 1. BIRTHPLACE (city or town). (Sita or country) 1. MAME 1. Manual					
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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
DU DEDICE C	1		
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones '	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER STATEMENTS	BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08726
	County Carel	Registration Dist. No. 95
shoul of OC	Village or City Pising Sun.	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
ANS ent	1 -0:	s. ds. How long in U.S. if of foreign birth?yrsmosds.
RECORD. Every PHYSICIANS Sxact statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
TDID IAN A C assif	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelle Payor	22. I HEREBY CERTIFY. That I attended deceased from 4.922 1932 to 4.922 1932
BI PEI E Ily ate.	6. DATE OF BIRTH (month, day, and year) (6 1932) 7. AGE Years Months Days If LESS than 1 day, hrs.	i last saw h alive on alive on 22, 1942; death is said to have occurred on the date stated above, at 370 P m.
FOR IS A stated proper	82 8 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of oneet
- 70	8. Trade, profession, or particular kind of work done, as SPINNER Labour	Cerebral Henry age \$32-5
SERVE NK-T] should it may n back	kind of work done, as SPINNER about SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
INF INF S sh t it	10. Date deceased last worked at this occupation (month and year)	
IN DIN So I	12. BIRTHPLACE (city or town) Pising Seen. (State or country)	Other Coutributory Causes of Importance:
MARGIN UNFADI supplied. n terms, so	II 13. NAME John Huss	
MA I U sup sup n te	13. NAME John Sauss 14. BIRTHPLACE (city or town) Offord (State or country)	Name of operation Date of
wirth wirth cfully in plai	(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
CY, car TH Dorti	15. MAIDEN NAME Sarah Williams 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
B PLAINLY, should be can OF DEATH	17. INFORMANT Mary /7 egtley (Address) (X laing Sline, Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E 00 - 00	18. BURIAL, CREMATION, OR REMOVALO Free Plat Burial Tround Date City 25,93	Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER J. G. J. YSON'	24. Was disease or injury in any way related to occupation of deceased?
V. S. No.	(Address) Rising Sun. Md.	tf so, specify (Signed) 13 6 lucy M. C
y z j	Emmonthing alm Registrar.	(Addyss) Rising bun Me
CU	mul usur If more blacks are medel, Adress State States	72411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

	tem	shou	o je	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
	RD.	YSI	stat	
	RECO	. PH	Exact	
	LNE	LLY	.pq	
DIN	IANE	A C 1	ssifie	
SIN	ERM	EX	cla	e.
MARGIN RESERVED FOR BINDING	AP	ated	operly	TION is very important. See instructions on back of certificate.
E (SIS	sts	pr.	cer
田田	H	l be	· be	jo 3
ERV	K—T	hould	may	back
ESE	Z	E s	at it	no s
R	ING	AG	o th	tions
GIN	QV.	ed.	18, 8	truc
AR	UNE	ilqqı	term	ins
X	H	y St	ain	See
0	WIT	full	ld ui	int.
~	Y.	car	LH i	orta
	INI	be	EA	imp
	PLA	pluo	F D	ery
	E	1 sh	EO	is v
	VRI	tion	NUS	NO
V. S. No. 1	1	m	C	I
vi	B.	1.	T	1
>	Z	1	1	1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Cleil	Registration Dist. No. 9/
Village or City Cheropeale Oct	No. St. War
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME COW. A STANK	A
(a) Residence: No. alesafealle let mo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the wgrd)	Cluquet 13 1932
a. If married, widowed, or divorced	(Month) (Day)
HUSBAND of Clara Johnson	22. A I HEREBY CERTIFY, That I ettended deceased fro
	0000. 76, 1931, to alleger 1, 182
DATE OF BIRTH (month, day, and year) Oct 13 1872	I last saw h Lu-alive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
5 9 6 0 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trade, profession, or particular	0)
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	more Myocaralles 1931
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at Company of this corporation (months and	0 - 16-1-1
10. Date decesed lest worked at G-1 2 11. Total time (years)	The action of
10. Date decessed lest worked at this occupation (month and 1972 spant in this year) occupation (work)	to the react 0/13/
2. BIRTHPLACE (city or town) Ches oproje City	Other Contributory Causes of Importance:
(State or country)	
13. NAME We Johnson	
14. BIRTHPLACE (city or town) Ches frakely	Name of operation Tone Dete of
(State or country) and Cond	What test confirmed diagnosis? Clerrical Was there an autopsy?
15. MAIDEN NAME TO softomolice	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city er town) 16. BIRTHPLACE (city er town) 16. (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country) w procuration	Where did Injury occur?
7. INFORMANT Low Johnson	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Cherofer City w	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece / section Centry Date 940, 197	Neture of Injury
Number	24. Was disease or injury in any wey related to occupation of deceesed? 200
Q HINDERTAKER	
19. UNDERTAKER (Address) Fey the	If so, specify
	(Signed) Meury of Davis M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and-related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	(93-00)
County Cecil	Registration Dist. No. 74
Village or City Principio Furnace	No. St, Ward
Length of residence in city or town where death occurred/_yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PP = 7	mes
2. FULL NAME Charles surner of	elst Ward
(a) Residence: No. Checkes County (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. Married Married	21. DATE OF DEATH (Mg/lth) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Suma Grace L. Jones	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) New 30, 1872	I last saw h; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at/a304,m.
60 4 29 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	sent heart disease: 8/28/32
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 1D. Dato deceased last worked at 8/78/32 11. Total time (years) spent in this 30 years	probably acute ony grandetise
11. Total time (years) this occupation (month and 8/78/32 this occupation (month and 8/78/32 spant in this 30 year)	Other Contributory Causes of importance; at un
12. BIRTHPLACE (city or town) Combridge (State or country)	July July July
13. NAME William J. Jones	J. (100) 100)
14. BIRTHPLACE (city or town) Cambridge	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME may Jane Jumbs.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Emma G-Jones (Address) & houlestown mid	(Specify city or town, county and State) Specify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Bello Date Slept 1, 19.3.	Manner of injury
19. UNDERTAKER Joseph a Grant (Address) hottle Cast rid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9-1-32,19 Gro W. Ouce Registrar.	(Signed) M. D.
If more blanks are needed address State Penistra	244 N Charles Street Raltimore Requesting 71 S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example		Example II	
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Chronic interstitial nephritis'	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	UNTER CHAPONATE UN	8
County		Registration Dist. No.
Village or City College	, Kel	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eath occurredyrsmo	ds. How long in U.S. if of foreign birth?, mos ds.
2. FULL NAME	pues	Seree ran
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DO ORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	m	22. I HEREBY CERTIFY. That I ettanded daceased from
6. DATE OF BIRTH (month, day, and yaar)		I last saw h; death is said
AGE Yaars Months	Deys II LESS than 1 day, Omin.	to have occurred on the data steted above, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	none	Sell Bone
9 Industry or business In which work was done as SILK MILL, SAW MILL, BANK, etc		abut & muller
O Dete deceased last worked at this occupetion (month and year)	11. Total time (yaers) spent in this occupation	
12. BIRTHPLACE (city or town) Lencon	Aufital Celeton	Other Contributory Causes of importance:
(Stata or country)	.//	
13. NAME Charles Mile	an free.	1010
14. BIRTHPLACE (city or town) M.G.	reflaced	Name of operation
E CHANGE THAT	stelle Staron	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Mare	want.	Accident, suicide, or homicide? Date of injury 19
State or country)	1	Whera did injury occur?
17. INFORMANT(Addrass)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Mannar of Injury
Plece Haveur	Dete, 19	Nature of injury.
19. UNDERTAKER		24. Wes disease or injury in any way related to occupation of decaasad?
(Addrass)	118	Il so, specily
20. FILED / 27, 1927	Hauls Auge	(Signad) M, [
() () () () () ()	Registrar.	(Addrass)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
30 85			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ry item of infor- VS should state at of OCCKPA-	1. PLACE OF DEATH , County Clicks	Registration Dist. No. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. Now long In U.S. if of foreign birth? yrs. mos. ds.
T RECORD. Every Y. PHYSICIANS Exact statement	2. FULL NAME Stephen Olympia. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What while	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH LEES A LA 193
ID FOR BINDING IS IS A PERMANEN be stated EXACTI be properly classified. of certificate.	5a. 11 married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or	I HEREBY CERTIFY. That I attended deceased from the last saw has alive on the data stated above. If the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
IN RESERVE DING INK—TH AGE should so that it may actions on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and yoar) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance working Type Jeon relegen
INLY, WITH U be carefully sup EATH in plain te	13. NAME 14. BIRTHPLACE (city or town) West Thomas Thosas (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 17. INFORMANT Tobert Mason	Name of operation. What tast confirmed diagnosis? Was there an aulepsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicide? Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
N. B.—WRITE PLA mation should CAUSE OF DI TION is very	18. BURIAL, CREMENTON, OR REMOVAL CAUGEDETA OUR 7, 1932 19. UNDERTAKER G. O. Cleans of the Control of the Cont	Manner of injury Nature of Injury 24. Wes disease or Injury in any way releted to occupation of gaceased? If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	and the same	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance; Other contributory causes of importance: Gallstones Gastroenteritis Man 1.1923 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County____ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or bown where death occurred (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19 to 19 19 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at-1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _ ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation. (State or country) carefully What test confirmed diegnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Musical Date of injury 19 DEATH 16. BIRTHPLACE (city or town) ... (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE 27 9 Sa Date C LION Nature of injury.... 24. Was disease or injury in any way related to occupation of deceased?.. 19. UNDERTAKER If so, specify Ä.

N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are noticed, address State

BINDIN

RESERVED

MARGIN

S. No.

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Example I VED	i i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECORD. Ever	. PHYSICIAN	Exact statemen	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

1. PLACE O	F DEATH			75)		al	
County	acci p				Registration Dis	st. No.	
Village or C	ity near I w	ryvill	· 0 (II	Nodeath occurred in a horpital or inst	itulion, give its NAME in	stend of street and	wa number)
Length of resi	idence in city or town where	death occurred	f.yis. mos	ds. How long in U.S.i	f of foreign birth?	yrs	nos.
2. FULL NA	ME Erney	1 Bug	ene O	wens			
(a) Residen	ice: No.	My vell	of abode)	St., Ward.	If nonresident giv	e city or town an	d State
PERSON	IAL AND STATIST	1		MEDICAL	CERTIFICATE O	OF DEATH	
sex male	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	AUG 3-1 1939	ang ust	3/ (Qay)	, 193 7 (Year)
. If married, widow HUSBANO of	1	C. A .				That I also do	
(or) WIFE of	margaret V.	ictoria	Owens	22. IHEREE	Y CERTIFY.		., 19.
DATE OF BIRTH	(month day, end year)	Sept 16.	1878	I last saw h alive on_		, 19	; death Is
AGE Yea	ors Months	Q Days	ff LESS than	to have occurred on the date st			
5	3 11	1 20	1 day, hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH end related causes	of Importance	Date of
8. Trade, profe	ssion, or particular work done, as SPINNER,	.0	01	1.0000	2	1	8/-
SAWYER	, BOOKKEEPER, etc	herman !	· Saborer.	trobably he	east fail	ure	0/31
9 Industry or work wa	business in which s done, as SILK MILL			/	·		
10 hate decom	ed lest worked at pation (month end fump	11. Total tip	me (years)				
year)	1/0	17.31 occu	pation	Other Contributory Causes of in	nportance:		/
. BIRTHPLACE (ci	ity or town) Persi	ville	hed.	alcoholism	- anden	bosuse	8/30
(State or cou	ntry)			A	I tim		
13. NAME	Leslie	Owen	0	Inves	2	A-MA-MA	1
13. NAME	(city or town)	.00	1 1	Name of operation	volsney "	Date of.	
(State of	country)	ect roo	. nes.	What test confirmed diagnosis?		Wes there an	autopsy?
15. MAIDEN NA	ME Jann	ie Hewe	th	23. If death was due to external	causes (VIOLENCE) fill i	n also the following	ng:
15. MAIOEN NA 16. BIRTHPLACE (State qu	E (city or town)	cif le). hed.	Accident, suicide, or homicide? Where did Injury occur?	Da	te ef Injury	, 19
(Address)	urs. margar	A V. Ou	vens	Specify whether injory occurred	(Specify city or to In INDUSTRY, in HOMI	wn, county and St E, or in PUBLIC P	LACE.
B. BURIAL, CREMAT	Rowy Cin	Ly pate Sq	P3 193 -	Manner of injury			
UNDERTAKER	Turin	Stan Du		24. Was disease or injury in an	y way related to occupati	on of deceased?	~
(Address)	2 1 1000	1		(Signed)	Anuder	Regio	tres

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EURELU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
- 5 /	1. PLACE OF DEATH	940 98734
should rocc	County 10 2 2 V	Registration Dist. No. 95
shou	Village or City Rising Sull	No. St., Ward
> 100 +1	Length of residence in city or town where deeth occurredvrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS tement	2. FULL NAME Francis Rev	estal a
RD. Every YSICIANS statement	(a) Residence: No.	Ch. Ward
	(Usual place of abode)	St., Ward. If nonresident give city or town and State
<u> </u>	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K K K K K K K K K K K K K K K K K K K	J. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH S (Month) (Dev) (Yeer)
NDIN RMANEN X A C T I classified.	5a. If merried, widowed, or divorced HUSBAND of	
MA) A ((or) WIFE of	22. HEREBY CERTIFY That I ettended deceased from
-	6. DATE OF BIRTH (month, day, and yeer)	I lest sew h relive on 6/2 4 19.3 2 deeth is seid
R F	7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, e 2:3:5-m.
FOR B IS A PE stated E properly certificate	62 6 /2 Idey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
F.A.	8. Trade profession or particular	Clargue a Date of onset
TED I pe	SAWYER, BOOKKEEPER, etc.	Below
RVI CT ould may back	kind of work done, as SPINNER, House Keefse, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at Cura 23 11. Total time (years) this occupation (month and	
E S S S E I	0. Date decessed last worked at this occupation (month and 19/3) 11. Total time (years) spent in this 2/4	
	year)	Other Contributory Canees of Importance:
NEGIN RENEADING plied. AGI erms, so tha	12. BIRTHPLACE (city or town) Manyland (Stete or country)	Const Countries of Importance.
RG NF, plie rms nst,	13. NAME Dannel Taylon Keynolds	
e tad L	14. BIRTHPLACE (city or town) Maryl hard	Neme of operation
ITH IIIy s plain Pain Se	(Stelle of Country)	What test confirmed diegnosis? Was there an autopsy?
	15. MAIDEN NAME ama Elizabeth Correlator 16. BIRTHPLACE (city or town) Many Land	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
INLY, Wbe carefu EATH in important	o 16. BIRTHPLACE (city or town). Maryham	Accident, suicide, or homicide? Date of injury, 19
INLY, be can EATH import	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
E PLAIN should be OF DEA	17. INFORMANT LA MANUEL MELLEN THAT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Sh Sh E O is v	18. BURIAL, CREMATION, OR REMOVAL Surhal 8/27 32	Manner of injury
WRITE mation s CAUSE TION is	Plece Brook view Ces Date 0/2/, 1982	Nature of injury.
CA TIC	19. UNDERTAKER 1 Jemus W Payer	24. Was diseese or injury to any way related to occupetion of deceased?
B. B.	(Address) Riving Dick Mid	If so, specify
Zn (T	20 FIGURE 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) M. D. (Address) M. D. (Address)
(16)	o the things are	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Com	1 wester 167932	

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should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH	5
1. PLACE OF DEATH	(9)	
County Cecil	Registration Dist. No.	
Village or City Near Calvert mix		Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,	ds.
2. FULL NAME Betty Leve S	and end	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Female White OR DIVORCED ("write the word)	(Month) (Oay) , 193 (Yer	ar)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased	d from
(or) WIFE of	ana 16 1932 10 ana 24 19	35
E DATE OF BIBLIS (month day and was) nucle 24 1931	1 last saw h de valive on aug 24 1932 death	ie eaid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 12m.	13 3410
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
ormin,	were es follows:	fonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	19 a (D	
Industry or business in which	Montho-Inumaria 8-2	2-20
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) Occupation		
12. BIRTHPLACE (city or town) Charlestown	Other Contributory Causes of importance:	
(State or country) Many Card	Whoasing Caugh 7.	1.32
14. BIRTHPLACE (city or town) Thank trend		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Wes there an autopsy?.	no
15. MAIDEN NAME Mabel Choodes 16. BIRTHPLACE (city or town) Widdletown	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Widdletown	Accident, suicide, or homicide? Date of Injury, 19.	
* (State or country) Delawan	Where did injury occur?	
17. INFORMANT mis mabel Rhwades	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Regue Suu / W		
Place Bethel center Date aug 26 193 2	Manner of injury	
25/1150	Nature of injury	
19. UNDERTAKER	24. Wes disease or Injury in any way related to occupation of deceased?	
(Address) Eleting Many Land	If so, specify	
20. FILED 84 76-32, 19 Lo le. Quans Registrar.	(Signed)	_M. D.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other centributory causes of importance:	a-question.	Other contributory causes of importance:	
Gollstanes	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Z

STATE OF MARYLAND	CERTIFICATE OF DEATH US/35
1. PLACE OF DEATH	95-8
County Occil	Registration Dist. No. 40
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. ds. How long in U.S. if of foreign birth? yrsmosds
(a) Residence: No. P. 7, D. Carleville Mrs (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cennic Sewell	22. I HEREBY CERTIFY, That I attended deceased from
7.0	, 19 , to , , 19
6. DATE OF BIRTH (month, day, and year) July 2, 1870 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h
8. Trade, profession, or particular kind of work done, es SPINNER,	Dropped dead in field fighting fire 8/8/32
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 2 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at C this precuration (months and	had serious heart distance and
SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and year)	himself.
12. BIRTHPLACE (city or town) Cecil County, but (State or country)	Dther Contributory Causes of importance: 1 Heart during 1915
	Investigation Course.
13. NAME John Suwell 14. BIRTHPLACE (city o(town) with the country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kitty - Sewell	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Kitty Servell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cignie Sewell (Address)/1.7. D. Earlaville md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Selling Secretary pare 199, 11, 1952	Manner of Injury
19. UNDERTAKER AND A CHARGE THE CANADA CONTROL OF THE CANADA CONTR	24. Was disease or injury in any way related to occupation of deceesed?
20, FILED Mig 11, 1932 / Ocean. Registrar.	(Signed)M. (Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
PEAU V	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

V. S. No. 1

	ATH ,		(15%)	1
County Q	cu	0/-/	Registration Dist. No.	L.g
Village or City 1		~7	No. St.,. If death occurred in a hospital or institution, give its NAME instead of street and numbers.	Ward ber)
Length of residence in	city or town where de	ath occurred	os. ds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NAME	Jame.	1 Edmund	Spicer_	
(a) Residence: Nø.	RA. & 1	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	te
PERSONAL A	ND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4. coi	11/10	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowad, or di HUSBAND of	vorced	2	- Xuonnii) (bas)	(1001)
HUSBAND of (or) WIFE of	belle Kot	inson Spicer	22. I HEREBY CERTIFY, That I attended dece	
	/	7	, 19 ., to	
6. DATE OF BIRTH (month,		tin 26, 1887	I last saw h alive on	eath is sal
7. AGE Years	Months	Days If LESS than 1 day,hr:	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
45	6	/7 or min.	THE I REPORT OF BEALT SHE LEGGE SESSES OF HISPORTAGE	ate of onse
8. Trada, profession, or kind of work don	particular a as SPINNER	0 300	D. D. D. D. D. D. D. D. S.	1. 1.
SANTER, DOORK		borer of gardner	- Ucute heart delalation of	11/3
9 Industry or business work was done, a SAW MILL, BANK	s SILK MILL,			
work was done, a SAW MILL, BANK		11 Total time (years) 0,0		
this occupation (n	nonth and 8/11/3.	11. Total time (years) spant in this occupation		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IV	8.1.	Other Contributory Causes of importance ton	
12. BIRTHPLACE (city or tow (State or country)	n)	- Scolla	Swestign Cold	one
~!	1 0 1	2.	- This min July	
13. NAME	esiph s	picer		
4 14. BIRTHPLACE (bity or	, , , ,	ova Scolia	Name of operation	
(State of country) //	O	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME	mary.	- spicer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or		1 Soft	Accident, suicide, or homicide? Dato of Injury	_, 19
State or country) //	ova scora	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Mys. (Address) 778	Trabelle	R. Spices	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Muuress) /1 / W	REMOVAL	C 15-	Manner of injury	
18. BURIAL, CREMATION, OF		. (und /)3	? Natura - 61-1	
1 1 10	Chapel	Date (1) 193	Nature of injury	
18. BURIAL, CREMATION, OF Place Wesley	- Chapil	Date 7	Tractic of many	
18. BURIAL, CREMATION, OF	Chapil - W.P.	is single	24. Was disease or injury in any way related to occupation of deceased?	01

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NUMBET V 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	1×29
1. PLACE OF DEATH		23)	
County Ce Cif	p-1	Registration Dist. No. 91	/
Village or City Chesop	cake City Ra	NoSt.,	Wa
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME au	il Trust		
(a) Residence: No.		St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hemale 4. color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monyh) / 3 (Day)	, 193 Z
ia. If marriad, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended	dacaased fo
(or) WIFE of		DSC - 15- 193/ to Qu 13	. 19.3
B. DATE OF BIRTH (month, day, and year)	u 19 1911	I last saw h - R nive on	; death is s
AGE Years Months	Oays If LESS than	to have occurred on the date statad above, at	
2/ 16/	2 4 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	Oate of on
8. Trade, profession, or particular kind of work done, as SPINNER, CANYER, BOOKKEEPER, etc.	Home	PO TH	9 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at		O Therend I do	
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Philo	delphia	Other Contributory Causes of Importance:	-
(State or country)	T'		
13. NAME OLILIA 14. BIRTHPLACE (city or town)	sush		-
14. BIRTHPLACE (city or town) (Stata or country)	stria	Name of operation	
1	all and	What test confirmed diagnosis? Was there an a	
1081	11ton orang	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	nula.	Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT Philly To (Address) Ches	rush 10 Ad	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Placed Ruse Catholice	L Date aug 16, 1932	Manner of injury	
19. UNDERTAKER 27 W/S (Address) Elkton 2	ypin	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 8/16 , 1932 132	Haward Brown Registrar.	(Signed) Flat Callenge (Address) Solution	Ly M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95.8
County Decy	Registration Dist. No.
Village or City Lerry velle	No. St., Ward
Length of residence in bity or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME malcolm Gilbert	white to
0 101 1 0	as Best
(a) Residence: No. 1701 Studford leve (Ysual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. (SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mellie Lears Whitting ton	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) hod 29, 1892	I last saw h ative on
7. AGE Years Months Bays I LESS than	to have occurred on the date stated above, at
39 8 21 or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protession or particular	Probably acute heart Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	dilatation 0/19/32
work was done, as SILK MILL Jenna, R. R. Cov.	
U 10. Date deceased last worked at C/ 11. Total time (years)	
this occupation (month and 0/19/32 spent in this occupation 15 yrs,	
Le DIDENIE LA CONTRACTOR LA CO	Other Contributory Causes of importance from
12. BIRTHPLACE (city or town) Muse Henry County (State or country)	June of Marin
13. NAME Edward Whittington	1 the sun
13. NAME Edward Whitting ton 14. BIRTHPLACE (city or townsterner armodel Les.	Name of operation Oate of
(State or country) And	What test confirmed diagnosis?
15. MAIDEN NAME Sarah F. Ford	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah J. Ford 16. BIRTHPLACE (city or townstance animals lade)	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Cuttes & Whitting ton	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 1701 Guilford ave., Baleto, hed.	•••••
18. BURIAL, CREMATION, OR REMOVAL Place Dele 8/22 1932	Manner of injury
Place Will June 1, 1932	Nature of injury
19. UNDERTAKER 6. Lerry Syller the.	24. Was disease or injury in any way related to occupation of deceased?
(Address) 125 E. / Worth ave	If so, specify
20. FILED /19 , 1932 L. p. Jander.	(Signed)
Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example	I	1	Example II	100
The principal rause of death and of importance vers as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 8		1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago
Other contributory causes of in	rtancet	May 1,1923	Other contributory causes of importance:	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	50
County level -	Registration Dist. No. 40
Village or City Ceelton -	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
21 - 11 10	now long in 0.5, it of loteign Bittit?yrsmosas.
2. FULL NAME MARKE WILLOW	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (acrite the yord) 5a. In married, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Year)
HUSBAND OF Frank Wilson	22. 1 HEREBY CERTIFY, That I attended deceased from 1932 to Que 5 1932
6. DATE OF BIRTH (month, day, and year) June 12 - 1893	1 st saw h 2 alive on aug 5 1, 19 32 death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cause & Oreast 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	O
this occupation (month and year)	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME REAST PROPERTY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? WO
15. MAIDEN NAME Wella Moare 16. BIRTHPLACE (city or town) Ceril to y	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homloide?
(State of country)	Where did injury occur?
17. INFORMANT Out Falm Tologo (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carbullan Culting Date for glad 8 , 19.32	Manner of injury
19. UNDERTAKER Sarvey 92 moorf (Address) med dele topological	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8 - 8 , 1932 / Oward Registrar.	(Signed) Cechering to obsorph. D. (Address) Cechering to obsorph. D.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Maanis 238	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year